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ABSTRACT

This paper describes a comprehensive program to provide on-site services to poor families following emergency relocation caused by various catastrophes. When the report was prepared, the program involved 75 to 125 families (primarily black and Spanish-speaking) temporarily living in a hotel. The program's objectives were to (1) develop coordinated agency efforts to provide on-site medical, welfare, educational, recreational, and mental health services; (2) help families develop coping skills for the period of relocation, including the eventual move to permanent housing; (3) study the effects of trauma on children and families and provide mental health crisis intervention; and (4) determine special needs that might require new approaches. Interested community groups, public and volunteer agencies, and the hotel families operate the program. A day care center staff works with preschoolers and parents to prevent potential developmental damage to traumatized children. Common responses of the children and their parents (fantasies and behavior patterns) are noted and discussed in terms of the effects of separation from familiar objects and surroundings. It is concluded that the on-site program has been initially successful in alleviating distress and preventing further deterioration. (DP)

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COMPREHENSIVE ON-SITE SERVICES IN AN EMERGENCY RELOCATION HOTEL

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FAMILIES IN CRISIS

The Background

Under the leadership of a member of Local Planning Board No. 5, the Jewish Board of Guardians and the Roosevelt Hospital, a collaborative effort is in process to provide on-site and referral services to families in crisis following emergency relocation in a centrally located hotel in New York City.

Families dislocated by catastrophes such as fires, crumbling or abandoned buildings, suffer the trauma of loss of homes and personal possessions which, in many instances, is superimposed on other chronic problems with which they have been struggling. It is evident that in addition to the major problem of rehousing, there are unmet health and nutritional needs, educational disabilities and emotional difficulties. The families present all of the problems of poverty plus the transient, unsettled, and frustrating current reality.

The impact of the catastrophe varies with the circumstances but a sense of acute crisis prevails. Working families not on welfare, are in great difficulty because they are not eligible for public housing. Multi-problem or

large families cannot easily be rehoused. Complicated city-agency machinery must be negotiated while attempts are made to cope with dislocation and living in a run-down hotel.

The children are in an "environmentless" atmosphere. The central city location means no visible neighborhood or family ties other than the immediate family unit in the hotel. In some cases, families have been separated. No recreational services, supermarkets, schools exist in the immediate neighborhood which is a commercial, theatre and luxury housing area.

Seventy-five (75) to one hundred and twenty-five (125) families are living in the hotel at the present time, mostly Black and Spanish-speaking. This hotel has become the major relocation facility in the borough of Manhattan as a result of the development of the on-site project. The length of stay has been appreciably shortened for many families, and the move-out rate accelerated as we have made progress in meeting our objectives of: developing special on-site services provided by the collaborating agencies, and coordinating their efforts to avoid fragmentation and/or duplication; making the existing medical, welfare, educational, recreational and mental health services of the community available to the families; helping families develop more adequate coping skills to deal with the present crisis, and helping them make use of referrals when they move to new housing; studying the effects of the trauma on children and families and providing mental health crisis intervention; determining special needs that may require new program approaches.

The On-site Program

The program developed in the last year and a half with interested community groups, collaborating public and voluntary agencies, and the hotel families, now provides:

1. On-site staff from the New York City Departments of Housing Relocation, the Youth Services Agency, the Board of Education and the Department of Social Services;
2. Registration in local schools and transportation;
3. A Day-Care and emergency drop-in Center for pre-schoolers, sponsored by the Jewish Board of Guardians - Child Development Center, funded by the Agency for Child Development;
4. Clinical back-up services and consultation by the Jewish Board of Guardians and Child Development Center, funded partially by the Department of Mental Health and Retardation Services;
5. Emergency and short-term psychiatric care for older children and their families from Roosevelt Hospital, Department of Community Psychiatry, on-site;
6. Parent meetings for health, nutrition, management; parent discussion groups on the after-effects of the fires and dislocations meet with a psychologist, social worker and family counsellor;

7. A pediatric service from Roosevelt Hospital's Child and Youth Health Center one day per week, on-site;
8. The Youth Services Agency after-school and weekend recreational programs in coöperation with Clinton Youth Center;
9. Church groups in the area arrange parties for holidays and give emergency funds;
10. A clothing distribution program;
11. Volunteers serve extensively in the day-care center and the Relocation office;
12. Local fire and policy department participation.

An advisory committee of all participating agencies and individuals formulates policy, evaluates effectiveness and plans future program development.

Periodically, the committee confers with Commissioners and administrators of agencies.

Response of Families to Program

The catastrophies and disasters that bring the families to the hotel provide for some the first joint support in New York City from a readily available service staff. The families are emotionally supportive of one another as they come in contact through the Day-Care center, at the Relocation office, recreation program, and parents' meetings.

Considerable free interchange and access takes place between the service rooms and the rooms in which the families live. Staff make "home visits" down the hall. Family members visit the Day Care center and the Relocation office with ease and informality. There is coordination and sharing with one another among the on-site members who function insofar as possible as a team.

The program in the Hotel reaches the families at the height of crisis, where reality needs are evident and clearly defined, concrete services are specific in nature, emotional vulnerability and emotional accessibility are at a peak. The families have made effective use of available services. We have not met with the resistance, lack of motivation, unreliability, which characterize the operations of many community programs except for attendance at local schools.

Youngsters have difficulty coping with the abrupt shift of school and neighborhood. For younger children, the change can be over-whelming; older children who travel to their former schools do so irregularly, both for psychological and realistic reasons. Adapting to life in the hotel, while coping with new teachers and classmates is hardly conducive to maintaining interest in school or ability to function consistently.

Unmet health needs have been identified and treated: i.e., a child regarded as mute and retarded was

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diagnosed autistic requiring special help; another with hormonal imbalance needed surgery; numerous cases of lead poisoning were discovered and treated; sickle-cell anemia tests are conducted; hearing and visual problems have been corrected; speech difficulties identified; severe emotional disturbances referred to the psychiatric crisis team.

Pre-school and recreational facilities, city agencies and psychiatric services have been extensively utilized.

Response of Participating Agencies

A potential model for other services in similar relocation centers, the program has had a broad impact on city-agency procedures and policies. For example, families ineligible for public housing no longer have to wait six months for efforts to rehouse them in the private sector. The Department of Welfare requirement that clients pick up checks at local welfare centers has been waived for hotel families. Checks are now delivered centrally. A full-time Department of Social Service caseworker added to the on-site staff facilitates financial aid. The Youth Services Agency teams were formerly shifted every three months to a new location. As a result of consistent pressure from the project, Youth Services has assigned a recreation team to the hotel. A special unit now serves other hotels in the city.

A coordinator for relocation hotels was hired by the Department of Relocation to centralize the activity of the department personnel and coordinate policy. The Mayor's

Hotel Task Force has been empowered to develop similar programs for family hotels throughout the city.

Of some significance is the consultation by the professional and voluntary agencies to the less trained personnel of the city agencies regarding the mental health problems of clients and the potential for intervention through recreational and educational programs.

On the simplest level, emergency concrete and mental health needs are met by experienced professional and volunteer staff. On the level of the complex interrelationships of city and voluntary agencies, a new model of mutual cooperation has developed that is in process of replication in other hotels. In all areas of the city that are beset with fragmentation of services required by a vulnerable and high-risk population, such collaborative efforts could be fruitful.

Difficulties continue in maintaining services on-site due to cut-backs of city funds, staff and administrative changes, and varying degrees of commitment, but on balance the project has been viewed as successfully providing a much-needed coordinated program to families in crisis.

Further development is envisioned, particularly of parental-involvement, short-term group crisis intervention for adults and teenagers, extension of health care, a transitional school, and consolidation of policies by city agencies.

The Day Care Center

Having presented an overview of the entire project, herewith is a brief description of the program devised specifically for the pre-school children and their parents. Funded for fifteen - twenty (15-20) children at one time, two hundred and seventy-five (275) children have been in the center during the past year and a half. The average stay is eight - ten (8-10) weeks so that groups are constantly changing. After precipitous rehousing in the hotel, the children enter the class under pressure as their mothers must immediately begin "reconstruction" of their lives. Although some children and parents are disconsolate and disoriented, many show denial and repression managing to "cope" in a pseudo-independent adaptation to emergency demands.

Separation is eased by siblings (whatever age) joining the group for a few days. Life in the hotel accelerates this process as the children see each other daily and have shared experiences. The group is inter-age, officially two and one-half to six (2½-6).

The program is externally consistent and calm. Activities are geared to make possible the absorption of new children. Toys are "lent" that are brought to and from their rooms. An adult rocking chair for comforting is used; a "noisy and a quiet room" is available for times that children need to separate from the large group. "Visits" are made by staff if a child is ill. Food is served three times a day.

The Spanish-speaking family counsellor begins immediately to help with concrete services and opens a process of discussion of events surrounding the fire and its impact.

Family members join for meals or snacks periodically. A sense of family and community prevails.

The process of initial adaptation is followed by some regression in most children. Hyperactivity, bed-wetting, thumbsucking, a need to be held, aggressive behavior are not unusual, but are short-lived. Gradually, age-appropriate responsiveness to people and materials can be seen. Comments about the fire are not avoided.

The staff is wary of over-whelming the children and parents as the hotel setting makes contact relatively easy. Over-involvement can create still greater separation problems for families when they move.

Many parents call or visit for a period of time after they move. On occasion, the family counsellor has visited their new homes to follow up on referrals. The transition in and out of the program is often abrupt, but the concerned atmosphere and activity is sustained.

Some Preliminary Observations of Children's Responses

Our continuing concern is to address ourselves to the potential damage to development due to trauma, and to find ways of intervening in the short time the children are with us. The service program is designed to meet this goal, at least in part. To further understand the nature of the children's experience, systematic observations are in progress.

It is evident that many children are reacting to their perceptions of incidents, not necessarily the fire or crumbling building. The theme of fear of the "bogeyman" recurs again and again. The "bogeyman", traditionally the evil to be feared fantasy of childhood is merged with the

fireman who breaks windows, doors, dressed in black, takes the child "away". Sometimes the "bogeyman" tries to drown people by flooding the house. After a time, broken windows in the street are noted with the comment, "The fireman did that. He breaks windows and steals people." Another fantasy merger with reality is the "superman" theme. One child lowered by rope from a building describes, "flying - I am superman".

A theme of mortality and immortality is stated, "I will live forever. My mother says so because we didn't die in the fire." Another girl cries for a neighbor's children, "I lost my babies." A few weeks later, she confides to a teacher, "the babies must be all right again because their mother smiled today."

Instances occur of earlier fears revived by the current situation. A six year old boy reacted hysterically his first day in the day-care center, screaming, "camillias, camillias" and pointing to the cots. In Santo Domingo, where he lived until he was four, the dead are paraded through the streets covered by white sheets. The cots and sheets, "camillias", are for the dead, not for resting in a playroom.

In more realistic play, the children use the telephones constantly (in each hotel room there is a phone) to call siblings and to discuss "moving". Moving is the major conscious preoccupation of both children and parents. One child prepared himself for any contingency by wearing his snowsuit, day and night, for the first two weeks.

Some Observations of Parental Responses

It is self-evident that those parents who have a positive relationship with their children are best able to handle the total situation. Many parents, however, cope by denying and repressing feelings, and insist that the children not discuss the fire. Their sense of helplessness and shock leads to avoidance.

Some seem to "freeze"; they go through the necessary procedures but with little affect. Others express anxiety and rage. While we see the gamut of individual response, most parents we deal with need help in recognizing their feelings and the effects on their children. Through the parent groups, an effort has been made to discuss these issues, and provide group inter-change and support. Parents return to former neighborhoods on weekends, sometimes to shop, or do laundry, but the reality tasks seem to provide an opportunity to retain contact with familiar surroundings.

On occasion, a mother has a severe reaction requiring immediate mental health crisis intervention. A mother described at a parent meeting the death of her nine-year old in the fire. She had been in a state of shock for a month, staying in her room, weeping, contacting no one. Prior to re-location, the family lived on the top floor of a tenament. When evacuated, the fireman insisted that her nine year old son was not in the apartment. She presented this to us in vivid and believable detail, but subsequent contact revealed that she had been in a fire seven years ago. At that time,

her two year old boy died. This recent trauma merged with the former one; she had apparently held the fantasy that her youngest was still alive until this recent disaster. It is clear that this woman will need on-going psychiatric help to overcome both experiences. Whether other parents experience similar "mergers" of traumatic events is not known but we suspect this is not an isolated phenomenon, although this was an extreme one.

Preliminary Impressions and Concluding Comments

The literature of childhood and family experience with sudden disaster is sparse. In "War and Children",* Anna Freud and Dorothy Burlingham describe a total societal effort to safeguard children from the danger that affected everyone. They emphasize the traumas associated with separation from parents. Our preliminary impression is that separation also plays a key role for our families. However, it is a differently perceived separation.

For our families and children, other than the very young, the crucial separation seems to be from the familiar: the neighborhood, inability to communicate for Spanish-speaking families, loss of friends, associations, possessions. We have long talked of adequately preparing children for a move or for entering a new school and for any change in environment. We

*Freud-Burlingham Reports, Foster Parents Plan for War children, Medical War Books, 1943.

know that adults also react with anxiety to change and experience a kind of "mourning" at loss of familiar objects and surroundings. The families we see are likely to have had many disruptions, but none so abrupt, unplanned, or irrevocable as the disaster that brought them to the hotel.

Gilbert Kliman* refers to the possibility of "immunizing" young children from the effects of psychological emergencies but describes essentially predictable situations where there is time to prepare children for anticipated responses.

Families in the hotel are displaced persons in a relatively affluent city: victims of catastrophe who were unnoticed and unserved until they caused "trouble" for the larger community. That they are poor, and dark-skinned makes them visible, negatively regarded. That they are housed in a hotel, makes them subject to political pressure. That they have lived through a traumatic experience concerns those of us in the project who provide immediate help but raises the unanswered question of long term damage, and whether our intervention influences positive future development.

We do know that from a viewpoint of immediate response to the families, the on-site project has played a significant role in alleviating situational and current distress. It has ensured against further deterioration by speeding the process of rehousing, meeting immediate emotional

*Kliman, G.: "Psychological Emergencies of Childhood", Grune & Stratton, Inc., 1968.

needs, providing care for the children and families, and has had a significant impact on all participating agencies.

Alaine S. Krim

Delivered on

May 31, 1973